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PTO/SB/21 (05/03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/840,182

Filing Date May 5, 2004

First Named Inventor CLEARY, MICHAEL D.

Group Art Unit 1637

Examiner Name Pande, Suchira

Total Number of Pages in This Submission

Attorney Docket Number STAN-304

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication
to Group |
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences |
| <input checked="" type="checkbox"/> USPTO Credit Card
Form 2038 | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Petition to Accept Color Drawings | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence
Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Fig. 3, in triplicate | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Return postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority
Documents | | |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent
(Reg. No.)PAMELA J. SHERWOOD, 36,677
BOZICEVIC, FIELD & FRANCIS, LLP

Signature

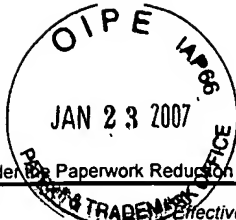
Date

January 23, 2007

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FEE TRANSMITTAL For FY 2005 <small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Complete if Known	
		Application Number	10/840,182
		Filing Date	May 5, 2004
		First Named Inventor	CLEARY, MICHAEL D.
		Examiner Name	Pande, Suchira
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1637	
TOTAL AMOUNT OF PAYMENT	(\$) 190.00	Attorney Docket No.	STAN-304

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field and Francis LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP = _____		x _____	= _____		Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = _____		/ 50 = _____	(round up to a whole number) x _____		= _____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Petition to Accept Color Drawings (\$130) and Petition for Extension of Time---1st month							190.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 36,677	Telephone (650) 327-3400
Name (Print/Type)	Pamela J. Sherwood		Date 01/23/2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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